CERTIFIED TRUE COPY

N.J. BOARD OF DENTISTRY

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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of	.)	Administrative Action
NORMAN C. FALLET, D.D.S.)	
Licensed to Practice Dentistry in the State of New Jersey)	CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry upon receipt of a patient complaint from Mr. Robert Schmidt on behalf of his daughter, Kristina, concerning orthodontic dental treatment performed by Norman C. Fallet, D.D.S. The Board has thoroughly reviewed the patient records in this matter and acquired further information at an investigative inquiry held on December 20, 1989.

In order to resolve this matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS 25 the DAY OF JANUARY, 1990,

HEREBY ORDERED AND AGREED THAT:

1. Dr. Fallet shall make restitution to the patient in this matter by submitting a certified check or money order made payable to Robert Schmidt in the amount of One Thousand Two Hundred and Seventy-

five (1,275.00) Dollars. Said payment shall be submitted to William Gutman, Executive Director of the Board of Dentistry, 1100 Raymond Boulevard, Room 510, Newark, New Jersey 07102, within thirty (30) days of the entry date of this Order.

- 2. Dr. Fallet is hereby reprimanded for failure to comply with the requirements of N.J.A.C. 13:30-8.8 which provides the minimum standards for maintaining patient records.
- 3. Dr. Fallet shall be required to take a graduate orthodontic refresher course of no less than forty (40) hours in duration. This refresher course shall include, at a minimum, advanced training in diagnosis, treatment planning, recordkeeping, and orthodontic treatment. Dr. Fallet shall be required to complete the forty (40) hours of refresher course within six (6) months of the entry date of this Order. Dr. Fallet shall submit to the Board in writing the course or courses he intends to take in order to fulfill this requirement for prior approval by the Board. In addition, Dr. Fallet shall be required to provide written proof of successful completion of the courses to the Board.

SAMUEL E. FURMAN, D.D.S.

PRESIDENT

STATE BOARD OF DENTISTRY

I have read the within Order, and I hereby agree to be bound by the terms and conditions herein.

NORMAN C FALLET D.D.S.